| Effective October 1, 2003  |  |                                 |                       |  |             |                                  |          | י                 |                | 10            | 18           | 953       | 8                      |
|--|--|---------------------------------|-----------------------|--|-------------|----------------------------------|----------|-------------------|----------------|---------------|--------------|-----------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |                                 |                       |  |             |                                  |          | SMALL<br>TYPE     | ENT            | יידני         | OR           |           | R THAN<br>L ENTITY     |
| TOTAL CLAIMS 20  |  |                                 |                       |  |             |                                  |          | RATI              | F              | FEE           | 7            | RATE      | FEE                    |
| FOR  |  |                                 | NUMBE                 | NUMBER FILED                           |             | NUMBER EXTRA                     |          | BASIC             | EE 3           | 385.00        | ٦,           | BASIC FE  | +                      |
| 7  | OTAL CHARGE                                    | 20                              | 20 minus 20=          |  | . 0         |                                  | XS 9:    | +                 | _              | Ⅎొ            |              | 1         |                        |
| 15   | DEPENDENT                                      | 1,-                             |                       |  | • 2         |                                  |          | ٠,                | 7              | OR            | <del> </del> | ļ         |                        |
| M  | ULTIPLE DEPE                                   | NDENT CLAIM                     | PRESENT               | RESENT                                 |             |                                  |          | X43=              | 7              | 50            | OR           | X86=      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |                                 |                       |  |             |                                  |          | +145=             |                | $\mathcal{L}$ | OR           | +290=     | L                      |
| 1  |  |                                 |                       |  |             |                                  |          | TOTAL             |                | 471           | OR           | TOTAL     |                        |
| 1  | 1990 CLAIMS AS AMENDED - PART II               |                                 |                       |  |             |                                  |          | SMAL              | l CAP          |               |              |           | THAN                   |
| A  | 1/1/23/3                                       | CLAIMS<br>REMAINING             |                       | HIGHE                                  | ST          | (Column 3)                       | 1        | SMAL              |                | DDI-          | OR<br>1      | SMALL     |                        |
| AMENDMENT,   |  | AFTER<br>AMENDMENT              |                       | PREVIO<br>PAID F                       | USLY        | PRESENT<br>EXTRA                 |          | RATE              | TIC            | ONAL<br>EEE   | h            | RATE      | ADDI-<br>TIONAL<br>FEE |
|  | Total  | 1.3                             | Minus                 | 1-2                                    | 0           | <i>- 0</i>                       |          | X\$ 94            | $\int$         |               | OR           | X\$18=    |                        |
|  | Independent                                    | • <i> </i> - -                  | Minus                 | 1-5                                    |             | · 6)                             |          | X43=              | X              |               | OR           | X86=      |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |                                 |                       |  |             |                                  |          | .145              | <del>/ `</del> |               |              | 000       |                        |
| 1/1/   |  |                                 |                       |  |             |                                  |          | +145=             | -              | $\rightarrow$ | OR           | +290=     |                        |
| 4  | (Column 1) (Column 2) (Column 3)               |                                 |                       |  |             |                                  | A        | DOITFE            | E <b>L</b>     |               | QR ,         | DDIT. FEE |                        |
| 6  | 10   | CLAIMS<br>REMAINING             |                       | HIGHE                                  |             | PRESENT                          | Γ        |                   | A              | ODI-          | ſ            |           | ADDI-                  |
| AMENDMENT  |  | AFTER<br>AMENDMENT              |                       | PREVIOU PAID FI                        |             | EXTRA                            |          | PLATE             |                | EE.           | 1            | RATE      | TIONAL<br>FEE          |
|  | Total  | . /2                            | Minus                 | -20                                    | ·           | . <i>O</i>                       |          | ×5 9=             |                | $\overline{}$ | OR           | X\$18=    | PEE.                   |
|  | Independent<br>FIRST PRESE                     | Minus<br>ILTIPLE DE             | TIPLE DEPENDENT CLAIM |  |             | Γ                                | X43=     |                   |                | OR            | X86=         |           |                        |
|  |  |                                 | +145=                 |  | $\neg \neg$ | OR                               | +290=    |                   |                |               |              |           |                        |
|  |  |                                 |                       |  |             |                                  |          | TOTAL<br>OTT. FEE |                |               | OR A         | TOTAL     |                        |
| _  | ·  | (Column 1)<br>CLABAS            |                       | (Column                                |             | (Column 3)                       | /        | <i>'</i> · · ·    | . –            | ٠.            |              |           |                        |
|  | `  | REMAINING<br>AFTER<br>AMENDMENT | -                     | HIGHES<br>NUMBE<br>PREVIOUS<br>PAID FO | R<br>SLY    | PRESENT<br>EXTRA                 |          | RATE              | AD<br>TIQI     | NAL           | ſ            | RATE      | ADDI-<br>TIONAL        |
|  | Total  | •                               | Minus                 | -                                      |             | E .                              | 1        | V¢ 0              | FE             |               | ŀ            |           | FEE                    |
|  | Independent                                    | •                               | Minus                 | ***                                    |             |                                  | $\vdash$ | X\$ 9=            | <u> </u>       |               | DR _         | X\$18=    |                        |
| 1  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |                       |  |             |                                  | L        | X43=              |                |               | )R           | X86=      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "o" in column 3.  |  |                                 |                       |  |             |                                  |          |                   |                |               | +290=        |           |                        |
| TOTAL OR ADDIT. FEEOR ADDIT. |  |                                 |                       |  |             |                                  |          |                   |                |               |              |           |                        |
| ·T   | he "Highest Num!                               | ber Previously Paid             | For (Total or         | Independent)                           | is the h    | 3, enter "3,"<br>ighest number ( | bruid    | in the app        | oropriz        | 10 box b      | ootun        | m 1.      |                        |
|  |  |                                 |                       |  |             |                                  |          | :                 |                |               |              | •         |                        |

Application or Docket Number